Montana Laboratory Sentinel

MONTANA Department of Public Health & Human Services

Updates from the MT Laboratory Services Bureau
800-821-7284 www.lab.hhs.mt.gov

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Improved Format for Newborn Screening Reports

You will see a change in the Newborn Screening (NBS) report format beginning with specimens received at MTPHL on February 14, 2011. A sample of the new report format is posted at the following link:
http://www.dphhs.mt.gov/PHSD/Lab/lab-hot-topics.shtml
This change is made for several reasons:

- "Out of range" results will now be in a separate column from the "in range" results; we have received requests for clearer notation of "out of range" results.
- "NBS Clinical Data" submitted on the NBS form will now be added to the report (as space allows); this information will be listed on the report above the screening results. This includes the following:
  - Age > 24 hrs at collection; specimens collected at < 24 hours must be repeated
  - Birth Weight; the congenital adrenal hyperplasia screen interpretation is weight-dependent
  - Mother's name; to aid in matching the screening report to the medical record.
  - Repeat Specimen; not all babies receive a 2nd screen
  - The NBS Form Number is the serial number on the newborn screening specimen card; both the submitting facility and MTPHL can track this shared identifier.

We will continue to improve the Montana Newborn Screening Program reports in response to your feedback. This report format is an "interim" change. We plan to eventually print the "NBS Clinical Data" in the report header; however this requires more in-depth programming. This further change will allow the majority of NBS reports to be on one page.
If you have any questions or suggestions regarding this new report format, please contact Susie Zanto at 800-821-7284.

The Communicable Disease Epidemiology Program Weekly Update for MMWR reporting week 3 can be found at:
http://www.dphhs.mt.gov/PHSD/epidemiology/documents/CDWeeklyUpdateWk_03_000.pdf
This issue contains information about:

- Influenza season update
- Norovirus- it's still here
- Communicable disease reporting
- Newly released reports including the 2009 Annual Summary of Communicable Diseases in MT

CDC Reports First Human Cowpox Infection in Laboratory Worker

Emma Hitt, PhD

February 8, 2011 (Vienna, Austria) — The first human cowpox virus infection in the United States has been documented in an unvaccinated laboratory researcher, according to a report by investigators from the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia.

The findings were reported by Andrea McCollum, MPH, an epidemiologist from the Mycotic Diseases Branch of the CDC here at the IMED 2011: International Meeting on Emerging Diseases and Surveillance.

"Current recommendations by the CDC's Advisory Committee on Immunization Practices include vaccination of laboratory workers who handle cultures or animals infected with nonhighly attenuated orthopoxviruses that infect humans, including cowpox virus," Dr. McCollum told *Medscape Medical News* at the conference. "This patient was offered a vaccination but declined . . . because the patient was not intentionally conducting work with an orthopoxvirus."

According to Dr. McCollum and colleagues, cowpox infections occur rarely, even in Eurasia where the virus is endemic. "Laboratory exposures to Vaccinia virus have been documented, but, to date, there have been no reports of accidental laboratory-acquired cowpox infections," the authors note.

The unvaccinated lab worker became infected in July 2010 while working with a nonhuman pathogenic poxvirus, and developed a suspicious, painful, ulcerated lesion on a finger that lasted approximately 3 months.

In October 2010, biopsy specimens of the suspected orthopoxvirus were submitted to the CDC for testing. Real-time polymerase chain reaction assays on the biopsy tissue showed positivity for nonvariola orthopoxvirus and cowpox DNA and negativity for Vaccinia virus.

"Further sequencing identified the strain as cowpox Brighton," Dr. McCollum and colleagues note. "The investigation revealed cowpox virus stocks in the laboratory's freezer, but no known or intentional use of cowpox in the patient's laboratory in the previous 5 years," they add.

Sequencing of an isolate from the laboratory worker revealed a recombinant region consistent with recombinant cowpox strains stored in the freezer. In addition, cowpox was detected in multiple viral stocks and 2 viral lines, including the viral stocks used by the patient prior to the onset of illness.

Orthopoxvirus DNA was also found in environmental swabs of several surfaces in the laboratory and a freezer room, although no live virus was recovered from the swabs.

According to Dr. McCollum, the patient described noticing a small cut at the site of the lesion a few days before lesion onset. "The patient had no recollection of an accidental needle stick," she said. "Evidence suggests that the patient was likely infected by handling laboratory reagents or environmental surfaces that were contaminated with cowpox virus."
For more, visit:
http://www.medscape.com/viewarticle/737030?sssdmh=dm1.664603&src=nldne